Public Health, Seattle and King County

Application for Winter Water Table Review (WWTR)

Submit 3 application sets with required current fee

(http://www.kingcounty.gov/healthservices/health/ehs/fees.aspx)

Record I.D. Number	
ON	
Department Use Only	

	*					
Approximate Site Address:				ETAILED ROUTE/ DIRECT OCATING THE PROPERT		
Name and address of property owner						
Applicant	Street Address					
Name	City-Zip Code			Phone		
Last First	<u> </u>					
Designer	Street Address City-Zip Code			Phone		
E-mail address				Fax		
THIS IS NOT A SITE DESI	GN APPLICATIO	N OR APP	LICATION	FOR PERMIT		
PROPERTY INFORMATION:			Legal De	escription Attached]	
Parcel # (APN)	Section:		Township:		_	
Subdivision Name:			Lot:	Block:		
Property Size Sq. ft.	Acreage:		Rural Area	☐ Urban Aı	rea 🗌	
Sensitive Area: (Y?N) If yes, specify	(L,W,O) L = Lands	lide W = We	etlands O =	= Other		
Reason(s) for Requesting a WWTR Soil morphology indicates suspected high water Previously identified high water tables Determination of suitability base on system type Mitigation Measure(s) used to lower water table Other:	proposed, soil depth re	equired =				
SOILS INFORMATION	Coillea	Drofile Dote A	# o o b o d . (1.1)	0.0		
Date(s) Soils Logged	· · · · · · · · · · · · · · · · · · ·	Profile Data A	ittached: (Mi	n. 2/lot)		
Critical Soil Depth to Water table or Restrictive Layer	er: Inches					
MONITORING PLAN Total Number of Monitoring ports installed N	Number of Crest Gau	nes Installed				
Number of post holes	tumber of erest eac	goo motanoa <u>.</u>		Other attachments		
Planned Monitoring Frequency				Detailed Vicinity M		
Monitoring period will be from	to			Dimensioned Plot of lot to be monitor		
Name(s) and Locations of local rain source station(s	s)			Fee for WWTR per above		
Identify who will be collecting water table data:						
I understand that failure to comply with the Code of King County Board of Heal	th Title 13 may result in non acc	ceptance of the propo	sed application.			
Designer's	Ceritfication # or PE					
Signature:	License Number	-		Date:		
FOR HEALTH DEPARTMENT USE ONLY:						
REVIEWED BY:	Da	ate				
Comments:				RECEIVED		
FORM 2_A_Application for WWTR; 13.03.07 - Previous	s Versions are Obsolet	e				